



Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE no persons are required to respond to collection of information unless it displays a valid OMB control number

RATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

| s the below named | I inventor(s), I/we decla SYNTHETIC ENZYMES | re that: | | | | | | | |
|--|--|---|---|--|--|--|--|--|--|
| This declaration is o | directed to: | | | | | | | | |
| The attached application, or | | | | | | | | | |
| Application No. <u>09/686,552</u> , filed on <u>10/11/2000</u> , Attorney Docket No. <u>BB1165 US NA</u> As amended on <u>10/11/2000</u> (if applicable); | | | | | | | | | |
| I tale a motoritic c | AUADY. | | subject matter which is claimed and for | | | | | | |
| | MAANAMAN SIPLIIKANY | 0101100 | ied application, including the claims, as | | | | | | |
| I/we acknowledge to me/us to be n became available | the duty to disclose to naterial to patentability between the filing date | the United States Patent and as defined in 37 CFR 1.5 e of the prior application and n, if applicable; and | Trademark Office all information known 6, including material information which the National or PCT International filing | | | | | | |
| All statements ma | ade herein of my/own | knowledge are true, all state that these statements were to by fine or imprisonment, or | ements made herein on information and made with the knowledge that willful false both, under 18 U.S.C. 1001, and may | | | | | | |
| jeopardize the va | lidity of the application of | or any patent issuing thereon | | | | | | | |
| jeopardize the va | Illulty Of the application | or any patent issuing thereon | | | | | | | |
| jeopardize the va | Illulty Of the application | | | | | | | | |
| jeopardize the va | INVENTOR(S) | ON | U.S.A. | | | | | | |
| FULL NAME OF Inventor one: Signature: | INVENTOR(S) REBECCA E. CAHOO Pheria & Ca | ON | | | | | | | |
| FULL NAME OF | INVENTOR(S) | DN Citizen of | | | | | | | |
| FULL NAME OF Inventor one: Signature: Signature: | INVENTOR(S) REBECCA E. CAHOO Checca & Ca WILLIAM D. HITZ CATHERINE J. THO | Citizen of ORPE | U.S.A. U.S.A. | | | | | | |
| FULL NAME OF Inventor one: Signature: Inventor two: | INVENTOR(S) REBECCA E. CAHOO Checca & Ca WILLIAM D. HITZ Lilliam D. | Citizen of ORPE | U.S.A. | | | | | | |
| FULL NAME OF Inventor one: Signature: Inventor two: Signature: Signature: | INVENTOR(S) REBECCA E. CAHOO Checca & Ca WILLIAM D. HITZ CATHERINE J. THO | Citizen of | t: U.S.A. St: UNITED KINGDOM | | | | | | |
| FULL NAME OF Inventor one: Signature: Inventor two: Signature: Signature: | INVENTOR(S) REBECCA E. CAHOO Colored Ca WILLIAM D. HITZ CATHERINE J. THO Catherine S. | Citizen of | U.S.A. U.S.A. U.S.A. UNITED KINGDOM | | | | | | |

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box JUN 0 4 2001



PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper of Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Under under PRADEMARK

POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

| dillog to toopong to a se | |
|---------------------------|--------------------------|
| Application Number | 09/686,552 |
| Filing Date | 10/11/2000 |
| First Named Inventor | RECECCA E. CAHOON ET AL. |
| Group Art Unit | UNKNOWN |
| | UNKNOWN |
| Examiner Name | BB11165 US NA 1 |
| Attorney Docket Number | |

| | Attorney Doc | | | | | | | |
|--|-------------------------------------|-----------------------------|--------------------|-------------------------|--|--|--|--|
| I hereby appoint: ☑ Practitioners at Customer Numbe | er 23906 | | PATENT TRADEMA | RK OFFICE | | | | |
| OR | | | | _ | | | | |
| ☐ Practitioner(s) named below: | | | | | | | | |
| | Name | Registration Number | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | |] | | | | |
| as my/our attorney(s) or agent(s) to Trademark Office connected therev | o prosecute the application idwith. | entified above, and to trar | nsact all business | in the Patent and | | | | |
| Please change the correspondence The above-mentioned Custome OR | | ified application to: | | | | | | |
| Firm <i>or</i> Individual Name | | | | | | | | |
| Address | | | | | | | | |
| Address | | | | | | | | |
| City | | State | ZIP | | | | | |
| Country | | | | | | | | |
| Telephone | | Fax | | | | | | |
| I am the: Applicant. | ntire interest. See 37 CFR 3. | 71. | | | | | | |
| Certificate under 37 CFR 3.7 | 73(b) is enclosed. (Form PTO | /SB/96) | | | | | | |
| | | nt or Assignee of Recor | d | | | | | |
| Name REBECCA E. CA | HOON | | | | | | | |
| | aboon | | | | | | | |
| | | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | |
| Submit multiple forms in more than Total of 4 forms are submitted. | | | | | | | | |
| - | | | | idual case Any Comments | | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box



Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

There the Paperwork Resization Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| 1 | |
|------------------------|--------------------------|
| Application Number | 09/686,552 |
| Filing Date | 10/11/2000 |
| First Named Inventor | RECECCA E. CAHOON ET AL. |
| | UNKNOWN |
| Group Art Unit | UNKNOWN |
| Examiner Name | BB11165 US NA 1 |
| Attorney Docket Number | |

| | | | Attorney Doc | ket Numb | per | | | | |
|---|---|--|------------------------|---------------------|-------------|-----------|---------------------------------------|--------------|---------------------------|
| I hereby appoint: ☐ Practitioners at Customer Number | | | 23906 | 23906 | | → | PATENT TRADEMARK OFFICE | | |
| OR | | | | | | L | · · · · · · · · · · · · · · · · · · · | | |
| Practitione | r(s) named | below: | | | | | | | 1 |
| | Name | | | Registration Number | | | | | |
| | | | | | | | | | <u> </u> |
| | | | | · | | | | | - |
| | | | | | | <u> </u> | | | _ |
| | | | | | | | | | |
| as my/our at | torney(s) o | r agent(s) to prosecut ected therewith. | te the application ide | entified ab | ove, and | to tran | sact all | business | in the Patent and |
| | | | | | | | | | |
| | | espondence address | | ified applic | cation to: | | | | |
| ☐ The abov | e-mention | ed Customer Number | · | | | | | | |
| Firm or | | | | | | | | | |
| Individua | al Name | | | <u> </u> | | | | | |
| Address | | | | | | | · · · · · | | |
| Address | | | | State | | - | ZIP | | |
| City | | | | | | | | | |
| Country | | | | Fax | | | | | |
| Telephone | | | | | | | | <u> </u> | |
| ⊠ Applic | cant. | | | | | | | | |
| ☐ Assig | nee of rec | ord of the entire intere | est. See 37 CFR 3.7 | 71. | | | | | |
| Certifi | cate under | 37 CFR 3.73(b) is en | closed. (Form PTO | /SB/96). | | D | | | |
| | | SIGN | ATURE of Applica | nt or Ass | ignee of | Recor | <u> </u> | | |
| Name | WILLIAM D. HITZ | | | | | | | | |
| Signature | William D. His | | | | | | | | |
| Date | Jam 22/200 Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. | | | | | | | | |
| NOTE: Sign | NOTE: Signatures of all the inventors or assignees of record of the share share share share share is required, see below*. | | | | | | | | |
| | | are submitted. | | | | | | | |
| | | | 2 minutes to complete | Time will va | rv dependin | ng upon s | he needs | of the indi- | vidual case. Any Comments |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments burden mour statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the freeds of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. Please type plus sign (+) inside this box



PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Papersork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Under ...

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Application Number | 09/686,552 | | | | |
|------------------------|--------------------------|--|--|--|--|
| Filing Date | 10/11/2000 | | | | |
| First Named Inventor | RECECCA E. CAHOON ET AL. | | | | |
| Group Art Unit | UNKNOWN | | | | |
| Examiner Name | UNKNOWN | | | | |
| | BB11165 US NA 1 | | | | |
| Attorney Docket Number | | | | | |

| I hereby appo ☑ Practition | | omer Number | 23906 | _ | | PATENT TRADEMA | ARK OFFICE |
|--|---|---|---------------------------|----------|--------------------|-----------------------|---------------------------|
| OR | | | | | | | |
| ☐ Practition | er(s) named | d below: | | | | | |
| | - | Name | | | Registration N | lumber | 4 |
| Ī | | | | <u> </u> | | | |
| ļ | | | | | | <u></u> | |
| - | | | | | | |] |
| | | | | | | | |
| L | | | and the application ide | antified | above and to tran | sact all business | in the Patent and |
| as my/our a Trademark | ittorney(s) o Office conn | r agent(s) to prose ected therewith. | ecute the application ide | en unicu | above, and to trai | | |
| | | | and the second second | ified or | unlication to: | | |
| | | | ress for the above-ident | шес ар | plication to. | | |
| ☐ The abo | ve-mention | ed Customer Num | idet. | | | | |
| ☐ Firm or | | | | | | | |
| | ial Name | | | | | <u> </u> | |
| Address | | | | | | | |
| Address | | | | | | | |
| City | | | S | State | | ZIP | |
| Country | <u> </u> | | | | | | |
| Telephone | | | | Fax | | | |
| I am the: | | | | | | | |
| <u> </u> | icant. | | | | | | |
| Assi | gnee of reco | ord of the entire in | terest. See 37 CFR 3.7 | 71. | | | |
| Certif | icate under | 37 CFR 3.73(b) is | s enclosed. (Form PTO) | /SB/96) | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | |
| Name | CATHE | RINE J. THOR | PE | | | | |
| Signature | Cat | henine J | Thomps | | | | |
| Date | Cathenne J. Monge Str. January 8, 2001 | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | |
| | | are submitted. | 5 Signature is required | , 200 % | | | |
| [A] Total | <u> </u> | | | | | ha manda of the indi- | vidual case. Any Comments |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type plus sign (+) inside this box JUN 0 4 2001



PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

FRADEN **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

| 09/686,552 | | | | |
|--------------------------|--|--|--|--|
| 10/11/2000 | | | | |
| RECECCA E. CAHOON ET AL. | | | | |
| UNKNOWN | | | | |
| UNKNOWN | | | | |
| BB11165 US NA 1 | | | | |
| | | | | |

| I hereby appoint: ☑ Practitioners at Customer Number 23906 PATENT TRADEMARK OFFICE | | | | | | | | |
|---|-----------------------|----------------------|--|---------------------------------------|----------------------|---------------------|--|--|
| OR | | | | | | | | |
| ☐ Practition | ner(s) named | d below: | | | | | | |
| | | Name | | Registration N | Number | | | |
| Ì | | | | | | | | |
| | | | | | | 1 | | |
| | | | | | | 1 | | |
| | | | | | | 1 | | |
| | | | | | | 1 | | |
| as my/our a | attorney(s) o | or agent(s) to prose | ecute the application ide | entified above, and to trar | nsact all business i | in the Patent and | | |
| ı rademark | Unice conn | ected therewith. | | | | | | |
| Please cha | nge the corr | espondence addre | ess for the above-identif | fied application to: | | | | |
| | | ed Customer Num | | | | | | |
| OR | | | | | | | | |
| ☐ Firm <i>or</i> Individu | ual Name | | | | | | | |
| Address | | | | | | | | |
| Address | | | | | | | | |
| City | | | St | tate | ZIP | | | |
| Country | | | | | | | | |
| Telephone | | | | Fax | | | | |
| I am the: | | | | | | | | |
| ⊠ Appli | icant. | | | | | | | |
| | _ | | erest. See 37 CFR 3.71 | | | | | |
| Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | | |
| Name | SCOTT | V. TINGEY | | | | | | |
| Signature | Signature COM V. Twel | | | | | | | |
| Date | | | | | | | | |
| NOTE: Sig Submit mu | natures of a | all the inventors o | or assignees of record or signature is required, | of the entire interest or see below*. | their representati | ve(s) are required. | | |
| | | are submitted. | | | | | | |
| | | | | | | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.